

FILED APR 7 1945

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Edward Fickert

3. (b) If veteran name was _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 14 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Carmi Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Fickert
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Campbell
15. Birthplace Unknown Island
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mamie Fritz
(b) Address Desoto

17. (a) Burial (b) Date thereof 3-31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherry Cemetery

18. (a) Signature of funeral director Daniel D. Mahan
(b) Address Desoto, Mo.

19. (a) 4-5-45 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 722 No 4th
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1945 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from March 22
1945 to March 23 1945
that I last saw him alive on March 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congrua Pectoris Duration _____
Failure of heart cut 1 man

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Gally G. Brown (M. D. or other) _____
Address Desoto, Mo Date signed 3-29-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

50
1030

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-6-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Daniel J. Mahan

Licensed Embalmer No. 3783

P. O. Address BeSoto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.